

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 4 5

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 413.30; 413.40

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 3632.30  
b. FFY 2001 \$ 14681.90

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Item 1, Page ~~81~~ 7a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

SAME (TN 00-27) ~~Pending~~ Delete

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to restore the seven percent (7%) reduction previously made in the Medicaid prospective per diem rates for private hospitals.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 25, 2000

16. RETURN TO:

State of Louisiana  
Department of Health and Hospitals  
1201 Capitol Access Road  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

07-29-00

18. DATE APPROVED:

JUNE 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

CALVIN G. CLINE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

Per FSC in the changes per State's 5/9/01 letter.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-A  
Item 1, Page 7a

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES  
METHODS AND STANDARDS FOR ESTABLISHING RATES -IN-PATIENT HOSPITAL CARE

6. Calculation of Payment Rates (continued)

Effective for dates of service March 8, 2000 and after, private hospitals are reimbursed at ninety-three percent (93%) of the per diem rates in effect as of March 7, 2000 as calculated in 5. above.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>4-3-00</u>	
DATE APPV'D	<u>6-6-01</u>	
DATE EFF	<u>3-8-00</u>	
HCFA 179	<u>00-27</u>	

**SUPERSEDES: NONE - NEW PAGE**

TN # 00-27 Approval Date 6-6-01 Effective Date 3-8-00

Supersedes

TN# Done; new page